

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09/937282</b>	FILING DATE			
							APPLICANT(S) <i>Coon</i>				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.
1			/				51				
2			/				52				
3			/				53				
4			/				54				
5			/				55				
6			/				56				
7			/				57				
8			/				58				
9			/				59				
10			/				60				
11			/				61				
12			/				62				
13			/				63				
14			/				64				
15			/				65				
16			/				66				
17			/				67				
18			/				68				
19			/				69				
20			/				70				
21			/				71				
22			/				72				
23			/				73				
24			/				74				
25			/				75				
26			/				76				
27			/				77				
28			/				78				
29			/				79				
30			/				80				
31			/				81				
32			/				82				
33			/				83				
34			/				84				
35			/				85				
36			/				86				
37			/				87				
38			/				88				
39			/				89				
40			/				90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			4				TOTAL IND.				
TOTAL DEP.			34				TOTAL DEP.				
TOTAL CLAIMS			38				TOTAL CLAIMS				